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OBSERVATIONS ON DELIRIUM TREMENS.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the first case that fell to our own responsible care, happened to be one of this disease; and at the time of commencing this article, nearly ten years subsequent, we have just dismissed a similar one. Circumstances having thrown numerous patients of this class in our way, our attention has been strongly directed to the subject, and therefore it is thought fitting to perform a duty which every physician owes his profession; for progress never results from undivulged experience.

The first case and the last case resulted in a similar manner, with this exception, that the first had several subsequent attacks, to one of which he ultimately succumbed; but the latter, we have little doubt, will have no repetition of the paroxysm. Experience has convinced us that, in the vast majority of instances, this may be considered not a hazardous prognosis.

The diagnosis of delirium tremens, to the practised eye, is a matter of little difficulty, although explanation of the reasons which lead to it in cases involving suspicion of other forms of delirium or insanity, is troublesome enough. Typhoid fever, asthenic meningitis, traumatic derangement, and some other disorders occurring in individuals obnoxious to the causes of true *mania a potu*, present obstacles to description that we are confident preclude satisfactory elucidation to the novice. Nevertheless, actual observation of a few cases in practice will enable the decision to be made fearlessly and with security. The same thing is true with reference to many other forms of disease—written or oral instruction fails to communicate knowledge necessary to successful diagnosis and therapeutics. The seeing eye, acute perception, *tactus eruditus*, and retentive memory of sensations, are indispensable. This is the probable meaning of the old authors who wrote—"there is nothing of certainty in medicine except our sensations." The current pathology has classed delirium tremens with simply *functional disorders*. This is the view taken by Armstrong, Gregory, Watson, Williams, Jas. Bird, Prof. Wood, Carter, and other prominent au-

thors ; the various morbid appearances after death being considered merely as complications.

Now, were this view theoretical only, little need be said of it ; but unfortunately the influence of treatment is marked, and indeed overpowering—leading one to wish here, as well as elsewhere, that the term “ functional disease ” could be stricken from medical nomenclature. Thus a vast battery of appliances has been alternately recommended and discarded. Opium and other narcotics, in doses large and small, tartarized antimony and other emetics, mercurials, venesection, digitalis, ammonia, camphor, alcohol, and the padded cell, with solitude and time—are among the more generally sustained agencies.

Without delaying upon theoretical considerations, let it be recollected that the nervous system—brain, spinal cord and their prolongations, with the ganglionic chain, are substantive matters as certainly as the muscles and bones ; and moreover that they require for the due performance of their functions, an adequate supply of properly-elaborated blood. The myriad of cells whose development, maturation and death are, at least, coincident with the vital action of that portion of the organism, may not present in their aggregation the gross phenomena of inflammation, and yet be radically diseased. Variations in quantity and quality of nutriment alike impair and destroy.

To the blood, then, and to the organs which elaborate it, or to the food received, are we forced to look for the fountain of evil. The impairment of the blood may depend upon a temporary cause, or upon profound organic lesion. That temporary cause, and that lesion, are the objects of treatment, and not solely the production of sleep. The delirium here is but a symptom of disease, and so is the vigilance, and so is the muscular trembling.

Three cases I have examined carefully *post-mortem*. In these cases there were found thickening of the gastric mucous membrane, with the dark livid appearance well represented in Dr. Sewall's fourth plate. In one of the stomachs were found large masses of putrid meat, swallowed three days previous to the attack, or five prior to the death. In all there were patches where the minute rugose surface seemed to have entirely disappeared, there being no trace of the tubular arrangement or villi. Near the cardiac orifice, the plexiform arrangement of the membrane in one instance was remarkably exaggerated, apparently from general hypertrophy. With a common pocket lens, the orifice of the tubules seemed large enough to introduce the head of a pin, or like the follicles of Lieberkühn in the rectum. The intestinal canal elsewhere presented no lesions, or anything noteworthy except its emptiness. In two of the cases there was cirrhosis of the liver, and in one fatty degeneration. The kidneys in each were large, flabby and pale. The lungs of two were healthy—the other had tubercles at the apices, a multitude of granular concretions, and several distinct cicatrices. This latter appearance was noticed par-

ticularly at the time, but my notes are not so full as I now wish. Dr. Bennett describes them accurately, in a similar case, in his essay upon Pulmonary Tuberculosis, chap. 1, sect. iii. The ventricles presented considerable serous exudation, but the membranes and mass of the encephalon were exsanguine. At the base there was a degree of venous congestion attributable unquestionably to moribund syncope.

These general anatomical features I find to correspond with those usually observed. Several others have been noticed—patches of meningeal, pulmonic, bronchial, hepatic and renal inflammation, Bright's disease, &c. &c. But no single set of morbid changes has occurred, with such constancy, as to incline authors to attribute the disease itself to them as "proximate cause." Opinions differ, or at least expressions.

Much discussion has arisen upon the point whether the delirium is caused by the withdrawal of an accustomed stimulus. This is ordinarily assumed to be the case, but the veriest tyro must have seen victims of this disease with the poisonous fumes of alcohol reeking in their breath. On the other hand, habituation to the use of any compound, that is not substituted by another of similar properties, is well known to require continuance, under peril of more or less serious derangement. This is undoubtedly a diseased condition, but, like the eye of a prisoner in a dark dungeon, it requires cautious change.

The blood disorder which results in delirium tremens is to be treated where it commences. That which ensues from a single debauch needs but little of correctives; the effete matters are readily eliminated by the comparatively healthy excretories. But the chronic cases, with frequent paroxysms, must be met by more attention and effort. The sensation of hunger appears to be due mainly to the sustenance of animal heat. Alcoholic drinks control this sensation to a great extent. The primary stimulating impression upon the stomach, it is true, augments the desire for food, but the secondary effect is to lessen it. The stimulant may produce immediate local disorder, which prevents digestion. Thus in each of these ways alcohol starves all the organs not involved in the respiratory function. Or, again, it may produce persistent organic disease of the stomach, liver, or other glandular organs. The mode in which the stimulant is taken determines very accurately the resulting effect. Taken in an exceedingly dilute form, as in ale, beer and light wines, or commingled with the elements of food, it may be said never to produce delirium tremens. The observations on tuberculosis in the second number of this volume, upon this point, might be re-produced here, *totidem verbis*.

The practical inference is simply this, that even though we may not dissuade our unfortunate patient from his cups, we may so regulate even his excesses that he will be little liable to this, his great horror. Tell him to cultivate the acquaintance of the cook *before* that of the bar-tender. Dilute (and here, infinitesimally,

all the better) the stimulant, so that lesion and disorder will not occur. If the appetite fails, then is the time to see the physician, who must anticipate the paroxysm as he would an ague. The rules of treatment are simply those of dyspepsia, or of acute or chronic disease of the digestive organs.

Mercurial and other alteratives, counter-irritants, and even venesection, may be required. Mark, that the great point is to restore digestion and appetite—and, in nine cases out of ten, eliminating agents are the thing. Calomel, blue mass and aloes among the cathartics, and acetat. potassæ among the diuretics, are, perhaps, the best. Then follow with simple tonics, like cold infusion of cort. prun. Virgin. or quassia and camomile—or, perhaps, the old mixture of angustura and sem. juniperi, mineral tonics, iodide of iron, bismuth, &c., of course may be useful at times. Above all, don't think, when the patient is about again after a paroxysm, that he is well, any more than he would be in the intermission of ague.

The treatment of the paroxysm, of course, must vary according to both commemorative and present symptoms. Sleep is indicated, but as a sign of remission, not as an evidence of cure. A sufficient degree of elimination and nutrition must be secured. Depuration may take place without assistance, and so may nutrition of the nervous apparatus, as every physiologist can explain. It is all important to discriminate when and how much to interfere.

The threatened paroxysm may often be avoided by the use of simple ant-irritants and laxatives. Thus the nervous excitement will frequently succumb to a simple pill like this. R. Ext. hyosey. (opt.), gm. assafæt., āā gr. ij.; sapon. venet., gr. j. M. Repeated every hour or two p. r. n., and then fifteen grains of blue mass at bed-time, followed by the senna draught in the morning. Or the quieting agent may be of a more stimulating character, as liq. anod. Hoffm., morph. acet. and mist. camph. ; or, again, a mixture of laudanum, comp. spts. æther, tinct. assafæt. and c. spts. lavender ; or tinct. camph. ; or of chloric ether in comp. tinct. of cardamoms. But none of these things should be relied upon, except for sustaining the system till depuration takes place. When the grave paroxysm has already come on, it may often be relieved speedily by a full dose of calomel and Dover's powder—say gr. xij. of the latter to gr. xv. of the former. This is all the stomach will ordinarily bear. Larger doses of opium are rarely well borne, and other preparations of this drug scarcely have so pleasant an influence. Emetics, in the writer's experience, are too apt to get up an irritable stomach, a complication more to be dreaded than any other. The profound sedative influence of tart. antim. and similar agents, if it can be secured without emesis, however, favors much the absorption of alterative medicines and the functional action of the excretives. When this latter fails, as is manifested by the dry tongue and skin, by the cessation of healthy discharge from ulcers, if present, or the dry and angry appearance of accidental abrasions, the prognosis is exceedingly grave. Secretion

must be re-established, or the patient will die. Neither alcohol nor opium will do it, homœopathy will fail, and assimilative "expectancy" likewise. Support is imperative, and calomel a duty. Concentrated beef tea inside, and an epispastic outside the stomach, are good remedies. The constant inclination to vomit will not infrequently be relieved by minute doses of prussic acid in syrup. morph. acet., or syr. creosote and morphine. Neither here nor elsewhere, has the writer any confidence in the effervescing draught for this purpose.

Some cases will occur in which nothing will control the difficulty but raw spirit in large doses. And this is the only instance where this is good practice. Forcing sleep by it, is simply analogous to "breaking up" pneumonia with a red pepper or brandy sweat. You *may* do it, but if not, *cave!* Opium—ditto; chloroform—ditto; *alii*—ditto. It is a trite medical truth, that many diseases are critically resolved in sleep, and this is the case here very frequently. But *the paroxysm will return more speedily and be more difficult of control*, unless sleep has been solicited, not compelled.

The homely Scotch Æsculapius remarked, "There are twa things, Sir Astley, to be aver kepit in min'; to keep faith in Gode, for hereafter, and to keep the boeels open, which'll do for here." But after all, something more is necessary. The delirium may be prolonged from actual inanition. Starvation is to be guarded against, as well as proper medication provided for. Practitioners complain of difficulty in inducing patients to take nutriment, but the writer is inclined to believe this less difficult than ordinarily supposed. The patient can be readily persuaded by a good nurse, or physician of moderate shrewdness. Fall in with the current of his ideas and have tact enough to direct them. Take medicine with him, drink with him, eat with him, and pretend to sleep with him. This may fail for some time, but by proper tactics will before long succeed. The writer has scarcely ever failed in this management. Oyster soup, rich animal jellies and broths, and essence of beef, are preferable. Or egg-nogg, or wine sangaree. *Feed the patient with something nutritious, and keep up secretion*—the whole in a nutshell. And when he sleeps, don't let him sleep finally. The pulse is to be watched, and the strength supported by nutriment, dilute spirits, wines, &c. Prevent any recurring paroxysm by the regimen and treatment heretofore spoken of.

The unexpected length to which this paper has already stretched, prevents further detail at present.

MICHIGAN.

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF
INDUSTRY.—NO III.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

Double Pneumonia—Hypertrophy of the Heart with Dilatation.—

JORGAS SNELLE, born in Holland, servant at the House of Reformation, entered the upper male ward, on Saturday, January 27th, on account of pain in the back, which he referred to the spinal column. He had no tenderness, and his appetite was good. Was seen by Dr. Shaw, who gave him a Dover's powder.

January 1st.—I saw him at 10, A.M. Has had several attacks of acute rheumatism. His knuckles and other joints are enlarged, and his heart beats far over to the left side, which has before been often noticed by Drs. Shaw and Herrick. Complained of pain in the back, which was not constant. A casual examination of the heart showed exaggerated impulse and souffles, which both gentlemen had observed as long as they had been connected with the House. There was hardly an acute symptom except the pain in the back, and with this exception, and a rather rapid pulse, there being neither cough nor dyspnœa, he was not considered very sick. Another Dover's powder and a sinapism were directed.

29th.—Found him up and dressed. Felt well, asked for food, and expressed disappointment at not being allowed to gratify himself, which was not permitted, because he had a pulse of 120, and a dry and red tongue. He suffered nothing, and there was nothing very peculiar in his appearance. He was advised to go to bed.

6, P.M.—Dr. Shaw found him in bed, breathing rapidly and noisily, so much so, that he could not decide with certainty on the existence of any sound in the chest, the percussion of which was normal, except over the heart, where the dulness was more than usually extensive, and the right back, which was flat over the middle lobe. The pulse was rapid and feeble. Got at once infusion of ipecac., $\frac{3}{4}$ ss. [This was a House-of-Industry preparation, of the same strength as the vinum ipecac.] No nausea followed, but he refused to take anything more.

30th.—Saw him at 11, A.M. His respiration during the night was so noisy as to disturb the whole ward. Lies upon his back, and rises without difficulty. Percussion of the right chest flat throughout. Left chest as yesterday. Sounds and impulse of heart very feeble and indistinct. Coarse mucous rales, and nothing else to be detected in both chests. Pulse very rapid and feeble. Eight cups were applied, which drew so little blood as to be of no consequence.

6, P.M.—Dr. Shaw reports him as much more feeble; surface livid and quite cool. Has just had a mustard bath and infusion of ipecac., $\frac{3}{4}$ ss., which is all the medicine he can be prevailed on to take. Died on the morning of January 31st.

Autopsy, at 10, A.M.—The lungs did not collapse on opening the

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chest. Both perfectly adherent behind, with old adhesions. Left lung adherent at side; adhesions organized, full of bloodvessels and easily torn. The sternum and cartilages not at all bound to the lungs. Both lungs entirely hepatized, passing into the third stage, with the exception of a part of the right, of the size of one's forefinger, and at the lower edge. This small portion crepitates perfectly. Bronchi, as far as can be traced, injected with arborescent vessels. Both lungs sank in water.

Heart hypertrophied and dilated; weight twenty-six ounces. Aortic valves insufficient from thickening, each containing a calcareous deposit. Above the valves, the aorta studded with atheroma.

ON THE RUDIMENTARY REPRODUCTION OF EXTREMITIES AFTER THEIR SPONTANEOUS AMPUTATION.

[From the forthcoming Work of Prof. Simpson, of Edinburgh, and now for the first time published.]

On the stumps of limbs that have seemingly undergone an early spontaneous amputation in utero, there is often seen a species of anormal structure, which has not as yet, so far as I am aware, been described in any existing work on the subject of monstrosities. I allude to the appearance on the ends of many such stumps of a projecting mass, or nodule, varying in size from a small cutaneous ridge to the bulk of a walnut, and having protruding from its surface one, two or more still smaller fleshy divisions or projections, which are provided at their extreme points with nails.

This variety of anormal structure is by no means rare. Several years ago, while searching for instances of it, I found five or six living examples in Edinburgh and its neighborhood; and I have seen some, and heard of many more, living in different parts of Scotland and England. It is interesting, however, not so much for the frequency with which it is met with, as from the nature of the anormal structure itself, consisting, as I believe it does, of a tendency in the human subject to the reproduction of a lost extremity.

As a general law, the power of repairing and reproducing lost parts decreases as we ascend from the lower to the higher parts of the animal scale. In the lowest and simplest forms of animal life, as in polypes, not only are separated parts or segments rapidly restored, but the separated segments themselves sometimes become developed into whole and perfect individuals. A hydra was cut at different times into various portions by Trembley, and fifty separate individuals of the species were developed from the segments of one. Johnstone and Duges have shown that animals with a much higher organization—viz., the planariæ—could in the same way be multiplied by artificial subdivision; and Lyonnet and Bonnet found the same true of the naïs. As we ascend upward in the scale of life, all power of self-development in separated parts or segments disappears, but the power of regenerating these lost parts or segments

is retained to a greater or less degree by the general body of the animal. When the arms or rays of a star-fish are broken off artificially, or when they are thrown off, as they sometimes are, in the linghorn, or *luidia*, &c., by a true "spontaneous amputation" on the part of the animal, the lost arms are betimes entirely restored. In crustacea a separated or amputated limb is also rapidly renovated. The head or anterior rings of the earth-worm and other annelida are generally regenerated after their decapitation; and the power of reproduction is still so great in the mollusca, that the snail, according to Schweigger, has sometimes its head and antennæ restored after they are removed by amputation, provided the cephalic ganglion lying above the œsophagus be left uninjured. In the lower divisions of the vertebrata we have the salamander still capable of re-producing an entire leg or tail, or even of forming a new under jaw; and the triton can regenerate, as in Blumenbach's experiments, a complete and perfect eye. But in the higher and warm-blooded vertebrata this power of repairing and restoring lost compound parts and organs seems totally, or almost totally, wanting. In man, not only are complex individual parts, however small, generally held incapable of restoration, but portions of the higher individual tissues, even, as mucous membrane, muscle, &c., when cut, removed or destroyed, are not usually regenerated in their entire organization. To this general law, however, there are the following exceptions in the human subject.

1st. When the part removed is primitively of a lower type of organization than that of the general body, restoration sometimes occurs. Thus, in a case of a child born with an additional thumb, or with a thumb double from the first joint, the outer or smaller one was amputated by Mr. White, of Manchester. It grew again, and along with it the nail. Subsequently, Mr. Bromfield, of London, a second time carefully removed this superadded portion of thumb, and turned the ball of it fairly out of the socket. "Notwithstanding this," adds Mr. White, "it grew again, and a fresh nail was formed."*

2d. In those animals that possess, in the most marked degree, the power of readily regenerating lost compound parts, this power resides especially in the extreme points of the body, as the tail and limbs. In the human subject we sometimes find instances of an appearance of the same power in the extreme parts, as the fingers and toes. I have seen a distinct but imperfect nail grow on the end of the second phalanx of the finger, after the complete amputation of the first phalanx. Similar instances of nails, and consequently of the matrices of these nails, becoming regenerated on the tips of fingers amputated through their first joint, have been recorded by Corvisart, Ansiaux, Blumenbach and others.

3d. When, in the human subject, the removal of a compound part—such as a portion of an extremity—is effected in early fo-

* Regeneration of Animal and Vegetable Substances, p. 16.

tal life, and of the young and other the lost part restoration of regeneration development insects new same insect The experience same way have ceased development limb occurred tail of the rated, was So while of the rep trary, as I regeneration stumps re embryonic In most of a rudim amputation the genera markable. pearance of soft parts. tissue, are present a forearm is converging tle in from extremity fleshy mass smaller pr the instan imperfect this, as in tion, but I The stu is preserve burgh, hav nails in th is principa tion over t is an aper the bone

tal life, and consequently at a time when the physiological powers of the young human being are more assimilated to the reparative and other powers of animals of a lower type in the animal scale, the lost part seems capable of at least a partial and rudimentary restoration. In the animal kingdom generally, we find the power of regeneration greater in the inverse ratio of the degree of development or age of the individual. The more perfect hexapod insects never reproduce a lost limb ; but in the larvæ of these same insects, limbs and antennæ are restored after their removal. The experiments of Heineken show that the arachnida, in the same way, lose the property of regenerating their legs after they have ceased to change their skin, and have reached their full or adult development. It is only in the young frog that reproduction of a limb occurs ; and Spallanzani found that the rapidity with which the tail of the tadpole and the limbs of the salamander are regenerated, was always in an inverse ratio to the age of the animal. So while in the human subject after birth we never see any trace of the reproduction of a limb after amputation, we have the contrary, as I believe, evidence of the possibility of their rudimentary regeneration in the appearances sometimes seen on the ends of stumps resulting from spontaneous amputation in early fœtal or embryonic life.

In most of the cases in which I have observed this appearance of a rudimentary regeneration of an extremity, the spontaneous amputation had occurred in the upper half of the forearm ; and the general resemblance of these cases to each other is very remarkable. Usually the rounded end of the limb has exactly the appearance of a stump after amputation, and is well covered with soft parts. Two points of the skin, or rather of the subcutaneous tissue, are found adherent to the ends of the ulna and radius, and present a depressed or umbilicated form, particularly when the forearm is flexed or moved, and the fissures of the skin seen in converging lines to these two points as centres. Midway, and a little in front of these two points, the rudiment of the regenerated extremity is situated in the form of a raised cutaneous fold or fleshy mass or tubercle, and having on its surface one, two or more smaller projections or nodules, furnished with minute nails. In the instance of a young woman of 18 years of age, four such imperfect fingers were seen, two of them tipped with nails. In this, as in most other cases, the left arm is the seat of the mutilation, but I have seen the right similarly affected.

The stump of the left forearm of a fœtus of the seventh month, is preserved in the Obstetric Museum of the University of Edinburgh, having five small rudimentary fingers tipped with minute nails in the usual position on the end of the stump. But the case is principally remarkable for the circumstance, that the cicatrization over the ends of the ulna and radius is not complete. There is an aperture at the end of the radius, through which the end of the bone can be felt when the point of a pin is passed through it.

The ulna projects to the cutaneous surface of the stump, and has a small wound or circle of uncovered granulations still around it; or, in other words, the cicatrix of the stump is as yet incomplete.

HISTORY OF A CASE RESEMBLING TETANUS.

[Communicated for the Boston Medical and Surgical Journal.]

On the evening of April 10th, 1855, I was called to a stout, full-grown boy of 17 years, who was suffering with violent spasms of the character which I shall relate. His father reported that on March 26th, he had cut his left foot with an axe nearly over last metatarsal bone, for three or four inches. The wound was dressed with adhesive plaster, and everything went well till March 30th, when he was attacked with delirium and such spasms as he exhibited at my visit. His foot was then found swollen, and half way from ankle to knee was in similar condition: all pale and pitting on pressure, with universal tenderness as far as knee. A poultice was substituted for the plaster; a little matter was discharged, the swelling subsided in three days, and afterwards the pain also, and the pain did not return till to-night. The spasms continued for three days and nights, after which they subsided; but his mind continued to wander at times every day. While talking, he would suddenly stop, apparently excited to anger by some mental delusion. Was at Clarendon, on the west side of the mountains, when hurt, and has since returned home. Seemed doing very well, walking about with crutches—till about dark to-night (April 10th), was attacked suddenly with violent spasms. I reached the house at 8 o'clock. He was sitting on the bed—and the instant he saw me, sprang back to the wall with every demonstration of horror in his face. I approached him immediately, when he first put himself in an attitude of defence, striking at me with violence, and then seized me by both arms, and after struggling violently for a minute or two, suddenly fell back into perfect opisthotonos, resting on his occiput and his heels alone, and turning gradually towards the left side; so that while at first there appeared to be equally strong contraction of both sides of the body, that of the left gradually overcame the other—and from resting like an arch upon the bed, he turned over by degrees so as to rest finally on the left side. His hands were clenched, sometimes above his head, sometimes across his chest, with his elbows resting on the bed. All the muscles appeared to be in strong contraction, in different degrees. Watching these paroxysms in their many recurrences on this evening, they seemed always to begin with spasm of the throat, which was immediately followed by general spasm, always appearing in the form of opisthotonos, and always becoming more powerful on the left side. The whole occupied hardly more than two minutes. A few minutes after they had ceased, he would open his eyes, and answer

questions quietly and coherently. His respiration was somewhat labored in the intervals. His sanity frequently gave way to incoherence. His expression was often mild; he lay on his back, turning his head suddenly by starts from one object to another, or more often glaring at the ceiling or at some imaginary object in the air—reminding me strikingly of the ways of a patient who is laboring under an attack of delirium tremens. The slightest noise or movement in the room, the moving of a lamp or the opening of a door, was sufficient to make him spring up to a sitting position, and to change his face from a rational expression to that of a maniac—and this was often followed by a tetanic spasm. These spasms, however, came on many times while he was lying quietly in bed, and nothing occurring to disturb him.

Examining his foot while he was rational caused no excitement—but when he was incoherent, he resisted it forcibly. There was a straight wound, as described, nearly healed, looking well, without swelling and with very little tenderness. No appearance of pus or œdema. Says he has pain in knee and along outside of leg, but no tenderness; has liked to have knee rubbed.

Has eaten heartily ever since wound, and of all kinds of food. For supper to-night had meat, potato and pie—a common meal for him—but not a large quantity. Soon after supper complained of pain in epigastrium, and then the spasms began at once. The first attack, eleven days ago, was also preceded by epigastric pain. He swallows well. Has been constipated ever since accident. Has taken much cathartic medicine. Has had no fever. Has slept well, except when at times delirious. Has been about on crutches. Pulse pretty full, not much accelerated. Skin natural. During delirium I find that his pupils contract well to light.

I applied a poultice to his foot, and ice to his head. The ice disturbed him at first, but he was persuaded to wear it, and lay quietly, with his wild look most of the time, his eyes glancing restlessly from one point to another. His spasms became less frequent. I applied a sinapism to epigastrium, and at 9½ gave him gr. ¼ of sulphate of morphia, and left him.

April 11th.—The ice-cap was worn till midnight, during which time he was much more quiet, and had very few spasms. Slept from 12 to 6 o'clock. Some twitching of muscles and talking in sleep—and once cried out. Had some spasms this morning, which were less severe than last night. I continued with him an hour, during which he was quite rational; although when I came in he shrank from me and turned his back, with a shame-faced manner rather than any appearance of dread. Pulse 78, pretty full. Tongue nearly clean, moist. No nausea. Thirst. Had gruel this morning. Occasional pain in epigastrium, and some tenderness there and towards hypochondria. No complaint of foot. Reports that he has had very frequent epistaxis for a year and a quarter past; has a great deal of headache, principally through temples,

which is always relieved by the epistaxis, which is sometimes profuse. Has had much of this pain since wound in foot.

After sitting by him for an hour, in which he was perfectly quiet and rational, I made preparation for bleeding him—which I decided to do on account of his habit of epistaxis and headache. As soon as I mentioned my intention, he sprang away, excited, breathing hard, looking wild, jumped out of bed, put on his boots, took his crutches, and began to go out of the house. He struck his father with one of his crutches, when he tried to restrain him. Both springing upon him we got him on to the bed, and with a great deal of difficulty held him there till sufficient assistance was procured to master him. All this time he was struggling with the greatest violence, scratching and trying to bite, and altogether behaving with fearful ferocity. With a strap around his arms and six men to hold him, he became so far manageable that I was enabled to open a vein in his arm. As soon as I had his arm tied up and the lancet ready to bleed, he became perfectly quiet. The blood flowed in a full stream to the amount of $\frac{3}{4}$ xvj. a xx., when he said he felt faint; I set him up, when he grew pale and vomited, and I stopped the blood. Remained quiet, and all restraint was removed. His expression continued somewhat wild. Took $\frac{1}{4}$ gr. of sulphate of morphia quietly, but when I brought a blister to put upon the back of his neck, he suddenly dashed it out of my hand, and then struck me. Directed ice to head.

12th.—Complained of faintness through yesterday whenever he arose. Got two teaspoonsful of brandy, with relief. Had some twitching. In the evening was very restless, and started up delirious once or twice; had no tetanic spasms; got morphine at 11, P.M. Had ice applied to his head most of the time; slept, but was restless; towards morning, fell into a good sleep. Now, he is quiet and rational; skin cool; pulse 88, soft and less full; tongue moist, nearly clean; no nausea; very little tenderness at epigastrium remaining; no other pain in abdomen; no dejection for two or three days; no headache; is very hungry; has had broth since yesterday; wants meat. May have bread and milk, and may chew beef. Take cathartic pills to-night, if no dejection.

13th.—One dejection. Got morphine. Very restless night; some twitching. Has taken three drachms of brandy since yesterday's visit. Now quiet. Pulse 98. Very hungry. Is childish. Objects to blister, but allows me to apply it to nape of neck. May omit the brandy, and take more beef.

14th.—Got a good vesication; slept well, without restlessness or delirium, and took no morphine. Pulse 99. Appears well. Has been up and dressed. No pain in foot. May take more food.

I saw him no more after this. Within a day or two he was again delirious, and left his father's house for another two miles off, where he remained, going about as before my first visit. The next time I heard of him, about a week later, he was quite well; and

to this time, May 30th, has had no recurrence of delirium or spasmodic affection. The foot healed without any interruption.

Having some suspicion, when I first saw this young man, that he might be addicted to the habitual use of alcoholic drinks, I made very particular inquiries about it, and was satisfied that it was not the case—that he does not use them at all.

The case is distinguishable from ordinary tetanus, by the complete disappearance of all unnatural contraction of the muscles during the intervals of the distinct paroxysms; and by the delirium, which does not occur in tetanus, unless towards the fatal termination. It differs from the affection produced by strychnine in the absence of any gastro-intestinal irritation. It was not a hysterical affection. It appeared to be connected with the injury of the foot. It seems to me that it must be classed with tetanus, notwithstanding its irregularity. After all, what do we know of tetanus, except its symptoms?

WM. HENRY THAYER.

Woodstock, Vt., June 25th, 1855.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th, 1855.—*Remarks on a Criticism of Treatment in a Case of Caries of the Elbow-Joint.* Dr. J. M. WARREN desired to call the attention of the Society to the following circumstances. In the *Am. Jour. of the Med. Sciences* for Oct., 1854, there appeared, under the title of "Extract from the Records of the Boston Society for Med. Improvement," an account of the case of a female in the advanced stages of phthisis, who was affected with scrofulous disease of the elbow-joint, attended with paralysis of the whole arm, and consequent wasting of the muscles and integuments. After two or three consultations among eminent surgeons, it was determined, *at the earnest request of the patient*, on account of great irritation and suffering, to amputate the arm above the elbow, rather than to attempt excision of the joint. The operation was performed, and the result was all that could have been expected from it. The wound healed readily, and the patient was so much relieved as to leave her bed, and take exercise in the open air. She afterwards entered the medical wards of the Hospital, and sank rapidly under her constitutional disease. With the exception of the final termination of the case (which was anticipated), all the details are given in the printed report from the "Extracts," published in the above-named Journal.

In commenting upon this case, the *Edinburgh Medical and Surgical Journal* for January, 1855, remarks as follows:—

"We have given this case entire, not from any peculiarly interesting features it contains, being merely an ordinary illustration of the by no means uncommon scrofulous disease of the elbow-joint; but for the purpose of

* Although reported later than the above date, these remarks are here given because they relate to a case brought before the Society some time since, and also that proper notice may be taken of so absurd and discourteous a criticism, at as early a period as possible in the course of printing the Society's papers.—SECRETARY.

showing that a society, instituted for medical improvement, as it did not challenge the recorded mal-practice, appears to be unacquainted with one of the most successful modern improvements in surgery, viz., resection of the elbow-joint, evidently the proper procedure in the case in question."—(Page 154.)

Dr. Warren said that, at the first sight of the preceding article, he was disposed to pass it over in silence, supposing that every intelligent reader would at once see that the operation was intended merely as a palliative one, and that excision was wholly inadmissible. But on further consideration, as the name of this Society has been mentioned in connection with it, he had thought proper to make some comments.

The patient, it will be observed, was a scrofulous female with a tuberculous affection of the lungs, of so serious a nature that two consultations had been held before it was decided that any operation was warrantable in her case, and then from the great irritation caused by the disease and necessary confinement, it was finally agreed to remove the diseased part, the patient herself urgently requesting it.

The criticism upon the operation in the above case seems to assume, that excision of the joints is to be preferred in every case of caries, so that any person performing amputation in a case of diseased elbow-joint, knee-joint, or any joint, is liable to reprehension. Dr. W. remarked that he was by no means disposed to admit, and did not think, that this operation was generally recognized by surgeons as the one to be adopted to the exclusion of removal of the limb. Many, undoubtedly, would still be found, who under the most favorable circumstances would conclude, that the large wound made in excision is more formidable and dangerous than that from amputation, and would be unwilling to submit their patients to it, especially when the internal organs were threatened. The operation of excision of the joints, however (although it is almost useless to say it), he would state, in this connection, was well known here, and he had not only performed it himself, but had seen it done, over twenty years since, at the Massachusetts General Hospital, where it would probably be adopted in every suitable case. He had also had the pleasure of witnessing it most dexterously performed by the distinguished Professor of Surgery in Edinburgh, Mr. Syme, who has done so much to advance this and other points in surgery; also by M. Roux, in Paris.

With regard to the knowledge possessed by this Society on the subject in question, Dr. W. would simply say, that by consulting their printed records, cases of excision of the elbow-joint, of the head of the os femoris, of the shoulder-joint, &c., may be found.

The case recorded was of considerable local interest. It had been under the care of one or two of the Physicians, and three of the Surgeons, of the Hospital, and many of the members of the Society now present were interested in it. In reporting the case, it was therefore thought unnecessary to go into any great detail before the Society, as the particulars were so well known to many of them. It might be added, that even if the patient had been perfectly healthy in other respects, excision in this case would have been entirely out of the question, for the following reasons. As stated in the report, the arm hung by the side of the body, perfectly useless; having, in a single night, fallen from a flexed position, almost paralyzed. The limb, just above the elbow, was extremely attenuated, being not much larger than a common broom-handle; below, the elbow expanded into a large tumor, covered by very delicate and diseased integument. The muscular texture

above and below the joint, as was obvious in the dissection, had degenerated.

Taking the case as reported, the criticism must be held to be entirely unwarranted, and so far as the name of the Society was made use of, it was not only incorrect, but the terms employed were harsh, indecorous, and unworthy the high standard of the Journal in which it appeared.

Dr. W. added, that the hearty thanks of the Society were due to Dr. HORATIO R. STORER, who was in Edinburgh at the time of the publication of this article, for his bold and manly defence of American Surgery.

Excision of the Shoulder-joint.—Dr. WARREN said, that in this connection he would mention the result of an operation for excision of the shoulder-joint, done two years since, the patient having presented himself at the Hospital during the winter. The report of the case will be found on page 335, Vol. I., of the printed records of the Society (*American Jour. of the Medical Sciences*, Oct. 1853); the part removed having at the time been exhibited at a regular meeting—the patient then being in a fair way for recovery. The following is his present condition.

The left shoulder, front part of the chest and integuments over the scapula, are covered with puckered cicatrices, the result of the numerous sinuses caused by the original disease. The upper part of the shaft of the humerus is a little in front of the old glenoid cavity. The motions of the fore-arm and hand are perfect, so that he is now able to work at his employment, stocking-weaving, for ten hours a day, which requires the constant motion of these parts. To facilitate the use of them, and to relieve the shoulder, a sling is suspended from the ceiling, in which the arm is placed; and by this means he has thus far suffered no inconvenience from the constant strain which otherwise would have fallen upon it. He has the full command of his hand and fingers, and can grasp things with nearly as much strength as with the other hand. He cannot raise the hand to the mouth without inclining the head a little forwards, nor can he extend the arm to its full length directly before him. With these exceptions he can move the limb in all directions.

To members of the Society who may remember the case of this patient, when under treatment, and its very unpromising aspect, his present condition will be most interesting. The very great strain to which the sound shoulder-joint has been subjected has lately produced, some pain therein. He was therefore advised to change his occupation, which seemed to be the worst possible for a person with his infirmities.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 12, 1855.

POISONING BY ARTIFICIAL FLAVORING EXTRACTS.

We observe an account going the rounds of the daily papers, headed "Attempt to poison a Wedding Party," but to which is appended, subsequently, a telegraphic despatch announcing that it is now believed the poisoning was "accidental." It appears that from 20 to 25 persons became violently ill after partaking of custard at the residence of the bride's father, and that she was one of the number. It is stated that *arsenic*, in large quantity, was detected in the custard. One death only, is as yet reported.

The large amount of the poisonous substance found certainly points to something beyond mere "accident," as productive of this terrible result;—and yet it is to be hoped that so fiendish and deliberate malice as would prompt and carry out such a deed, does not exist among civilized human beings;—that it is *possible*, however, too many instances have already shown. A proper legal investigation will doubtless clear up the mystery. It may be hinted, in this connection, that so large a quantity of arsenic could hardly have been procured in the vicinity of this occurrence, without the fact transpiring, unless the purchase were very adroitly managed.

Leaving this particular instance out of the question, as the poison is seemingly attested, we would direct attention to the liability which exists,—and which has several times proved a certainty,—that the *artificial extracts* so extensively used in flavoring ice-cream, custards and other confectionery, may occasion severe illness.

A case was reported to the Boston Society for Medical Improvement in April, 1854 (See *American Journal of the Medical Sciences*, July, 1854) by Dr. A. A. HAYES, the celebrated chemist, in which ice-cream, flavored with butyric acid ether, caused excessive sickness in several persons, and this, occurring just previous to the intended sending of the same confection to a festival, very properly led to the suppression of the article, and thus doubtless a vast deal of *discomfort* to the guests was avoided, to say nothing of probable danger. Chemical examination detected the above ether as the flavoring material, and the taste and odor of pine-apple was thereby communicated to the cream.

Dr. Hayes closed his remarks by the statement, "that a number of flavoring extracts, equally objectionable, are largely consumed by confectioners as substitutes for the volatile oils, and cases of severe sickness and alarm are multiplied every season from the practice."

After the above report was read, another distinguished chemist of this city, Dr. JOHN BACON, remarked that "the production of poisonous effects by the artificial flavoring extracts which are now coming into general use is a subject of practical importance, even if no more serious results should follow their use than sickness and vomiting, as occurred in the case reported by Dr. Hayes."

"Dr. J. M. WARREN said he had been called to a family in which seven persons had been more or less poisoned by custards largely flavored with 'extract of vanilla,' so termed;—on analysis, nothing of a poisonous nature could be detected; yet, undoubtedly, the symptoms were referrible to the said extract, which a cook, new to the family, had liberally used." (*loc. sup. cit.*)

Dr. W. E. TOWNSEND knew of instances in this city, of "illness caused, to all appearance, solely by the eating of what are termed the "acidulated drops," and, particularly, of those known as "banana drops;"—"he believed that one death, at least, in this city, during the last summer (1853), was to be ascribed to their use: and certainly several instances of apparent poisoning, declared by severe sickness at the stomach, &c. &c." (*loc. cit.*)

We believe that the "acidulated drops" have been *dropped*, pretty much; at least they are very rarely seen,—but the artificial flavoring extracts are still in favor. Ought this to be so, when we every now and then hear, on good authority, of deleterious effects observed from their employment?—If it be ever so convenient and profitable a method for flavoring the widely consumed confections referred to, should it, for a moment, be tolerated, if once there is proof of a risk incurred?

In the Report above alluded to, as made to the Society for Medical Improvement, Dr. Bacon stated that "the artificial extracts were first prominently brought forward at the London Exhibition, and were reported upon favorably by the chemists on the jury (Dr. Hofmann and De La Rue), as entirely safe substitutes for the volatile oils prepared from plants. It appears to have been assumed that the artificial products were identical in chemical composition and in properties with the natural ones which they resemble in flavor, in which case there could be no objection to substituting less expensive modes of preparation. In some cases they are certainly not identical; and where any doubt exists, they should be used with great caution until positively ascertained to be harmless in their action on the system." (*loc. cit.*)

May it not often happen that wilful poisoning may be suspected, and even prosecutions instituted against persons entirely innocent, in cases where these questionable "extracts" have been used?

LIFE INSURANCE COMPANIES, AND THEIR TREATMENT OF THE MEDICAL PROFESSION.

WE willingly insert the following letter from an esteemed correspondent, in reply to our article in the number for June 28th. Our remarks were not intended to apply to the fees paid by companies to their own regular medical officers, such being the result of an arrangement mutually agreed upon by the two parties. Where a large number of cases, involving but little responsibility, come before the examining physician, it is not to be expected that the highest rates of remuneration will be paid for each case. When, however, the opinion of the regular medical attendant of the applicant is demanded, we contend that he is entitled to a fee proportioned to the responsibility incurred, or the difficulty of the case, and that the fee should be paid by the office. It will be seen by the communication below, that the agents of life offices are sometimes guilty of fraud towards physicians, without the knowledge of the company.

MESSRS. EDITORS,—Your remarks in the Journal of the 28th inst., if allowed to pass unnoticed, would leave on the minds of the uninformed a very erroneous impression of the views of the officers of Life Insurance Companies of the value of the services of Physicians, involved in the transaction of their peculiar business. Feeling that a direct contradiction of your position in said article, can be easily sustained, I unhesitatingly assert that every company of character with pleasure recognizes the claims which you pronounce so ill required. Having for seven years past been examiner for a Life Office, I am enabled to speak both from experience and observation, and while I can testify to the liberal manner in which I have personally been treated, neither has any complaint reached me on the part of medical gentlemen holding like positions in other companies, of an absence of a proper pecuniary appreciation of their services. Whence, then, such wide-spread dissatisfaction, it will be asked? This question, it will be my endeavor to answer, and I ask the favor of a brief space in your pages, that I may, if possible, satisfy you and your readers of the great injustice you do these companies, by your charges of wholesale imposition.

A few words prefatory to the main points. Life Insurance Companies do pay medical men—if not generously, still, not *grudgingly*; not a fee of five dollars (as in Europe, where the sum insured is not infrequently from £10,000 to £50,000), but one which, though materially less, induces some of the leading men in the profession to *solicit* such positions. Vacancies

are easily filled, though the fee be but *two* dollars each examination. And here I may remark, that this sum is the usual compensation.* I doubt if any company authorizes its agent to tender less. The Company which I have the privilege to represent, pays *three* dollars. The agents of English Companies sometimes pay *five*, but this sum, only in cases where a large amount of insurance is taken.

Every *well-ordered* Life Insurance Company has attached, a medical examiner—made so by direct appointment, or selected by its agent, but equally recognized by it. By some Companies, his certificate of examination alone, will be accepted; other offices are not so stringent, and in case of the absence of the regular medical officer, allow the agent or sub-agent (usually termed *solicitor*), to call on any regular physician. Here arises one source of complaint. This person, with an eye to his own interest, coolly tells the *outside* physician that the Company pays but \$1.00 per examination, and puts the other dollar into his own purse; thus cheating the doctor out of half his just dues, and bringing odium on the Company for which he is acting. Or with more impudence still, he may manage to beguile him of the whole amount, "leaving the physician to get it out of the *applicant*, if he can."

But a still greater source of complaint comes from a misapprehension of the relative position of Life Insurance Companies and a party applying for insurance, and ignorance of their mode of conducting business. A policy of Life Insurance, is a contract based upon the *applicative*—so termed. This consists—1st, Of a series of answers subscribed to by the party himself: in one of these answers, he refers the company to his family physician or medical attendant for information respecting his past medical history. 2d, This certificate of his family physician or medical attendant. 3d, A series of answers supplied by a friend, and in some instances, still a 4th set of questions to be answered by the agent. These several certificates being supplied, the Company on *its* part is ready to act, and places him forthwith in the hands of its medical examiner. Him they pay as before stated—or if somewhat loose in their mode of doing business, the agent sends him to any regular physician, who is tendered "*one or two dollars*, in some cases—in others, nothing." The following is the main point—the chief *fons et origo mali*—the Company transmits either directly or by the hand of the applicant, a "blank" to the gentleman referred to as medical attendant, with the statement (this is generally prefaced) that M——, having applied for insurance, has referred the Company to him for medical information respecting himself and family, and he will oblige by answering the accompanying questions, and "frequently ending with the modest request"—"Do you advise us to take the risk?" The "medical opinion" he may express, "*is for the benefit of the insured.*" You ask, "Why, then, does the office demand it?" Because, *without* it, they could not proceed to insure the applicant; he is required to perfect the application before they can proceed one step, and this "medical opinion" is essential to its completeness. Is there not, then, entire propriety in telling a physician to look for his pay to the person on whose account he renders the service? The Company takes care of itself and of the medical officer, whose opinion it considers "of vital importance, without which it knows it would soon be compelled to shut up its

* Since writing the above, I learn that there does exist *one* Company, of which an Ex-Governor of the Commonwealth is President, that allows its examiner a fee of *one* dollar only—"ridiculously small," truly. My position, however, still holds, that every Company of character pays at least twice that amount.

office." The insured should do his part, and remunerate the physician who has contributed something towards the procurement of his policy.

A statement of the aggregate or individual sums paid to "medical examiners," would doubtless astonish many of the profession. One, received for his services during a single year, \$1,600. A vacancy occurring in consequence of his death, as may be supposed, there were many competitors for filling it. A prominent gentleman of the profession now holds the station, of late become far less remunerative. This is of course an extreme case, but *several hundred* dollars is an amount often received. The amount insured on a "single life" in this country, is in general probably far less than in Europe. The late Rev. F. T. Gray, was insured for \$40,000, divided between five or six different offices. The medical examiner (if, as is sometimes done, by arrangement examining for all the offices), must have received from \$10 to \$12. The life of a lady of this city, is insured to the amount of \$50,000. In this case the fees were from \$16 to \$18.

I would not be understood as saying that it is the general practice of solicitors to impose upon the examiner *pro tempore*, but such facts are within my knowledge. In one instance the regularly appointed *agent* of a Company, which allowed him \$2,00 to be paid the examiner, tendered him but \$1,00 for his examinations, informing him that this sum was the Company's allowance—the shrewd agent himself, of course, pocketing the balance. I informed my medical friend of the imposition practised upon him, but know not whether he sought redress. This was a case where the agent selected the examiner. In every such instance, the appointee should communicate with the parent office respecting the amount of his compensation.

The "blank" sent to the family physician is not considered by the Company as involving the necessity of an examination, and his certificate is, in most instances, a mere matter of form. One Company at least, has latterly dispensed with it, relying solely upon its own medical examiner's opinion.

Boston, June 30th, 1855.

B.

NOTICES.

Pamphlets Received.—First Years of Practice; an Address to the Graduating Class of the New York Medical College. By Franklin Tuthill, M.D. New York: 1855. (From the Author.)—Introductory Lecture to the Third Annual Course of the Metropolitan Medical College. By Henry A. Archer, M.D. New York: 1855.—Review, Opinions, &c., of Dr. Charles A. Lee and others, of the Testimony of Drs. Salisbury and Swinburne, on the Trial of John Hendrickson, Jr., for the Murder of his Wife by Poisoning. New York: 1855.—Third Annual Report of the Trustees of the Free Public Library of New Bedford. New Bedford: 1855.

In our last number, page 439, fifth line, for "presenting" read "inserting"; eighteenth line, for "slight" read "severe".

DIED.—In Dover, N. H., 28th ult., Elijah Darling, M.D., a native of Keene, and recently a resident of Roxbury.—Recently, at Staunton, Va., at an advanced age, Dr. Joseph Addison Waddell, son of the celebrated "Blind Preacher" of Virginia. In his day he attained to great eminence in his profession.—At Balaklava, in May, Dr. Hector Gavin, aged 39, a distinguished writer on Public Health, sent out by the British Government as sanitary commissioner to the hospitals at Scutari and Smyrna.—At Mosul, Asia Minor, 25th March, Rev. Henry Lobdell, M.D., of Danbury, Conn., aged 28, a medical missionary of the American Board C. F. M.

Deaths in Boston for the week ending Saturday noon, July 7th, 73. Males 45—females, 28. Accident, 5—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 4—consumption, 11—convulsions, 4—cancer, 1—croup, 2—drinking cold water, 1—dropsy in the head, 2—drowned, 1—infantile diseases, 4—puerperal, 1—dyspepsia, 1—epilepsy, 1—lyphoid fever, 1—scarlet fever, 3—homicide, 1—hooping cough, 2—disease of the heart, 1—insanity, 1—disease of the kidneys, 1—marasmus, 1—measles, 1—old age, 2—palsy, 1—sun-stroke, 5—smallpox, 4—teething, 5—tumor, 1—unknown, 2.

Under 5 years, 29—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 17—above 60 years, 5. Born in the United States, 49—Ireland, 18—Germany, 4—British Provinces, 1—Gibraltar, 1.

Tumor of Labium Pudendi.—A tumor was shown to the London Pathological Society by Mr. H. Thompson, and "which he had removed from a woman aged 36, in whom it had been present several years, but had become very troublesome during the last three or four years. It occupied the left labium, as well as the clitoris, and a portion of the right labium, and hung down to within two inches of the knee. Mr. Thompson, in operating, strangled the base by whip-cord ligatures, in order to prevent the hæmorrhage which often attends the removal of such tumors: one portion, which was not thus treated, gave much trouble in arresting the bleeding. The tumor, as exhibited, had much shrunk, and weighed four pounds *minus* three ounces. It presented a lobed appearance, almost like a bunch of grapes; and under the microscope, was found to consist of hypertrophied cellular tissue.

"Dr. A. Clark referred to a similar tumor which had been removed by Mr. Curling, and which he (Dr. Clark), had found to consist of areolar tissue, and hypertrophied cutaneous papillæ and glands."—*Association Medical Journal*, January, 1855.

New Method of Treatment for Otorrhœa.—By JAMES YEARSLEY, Esq., Surgeon to the Metropolitan Ear Infirmary, &c.—I come now to mention the manner of applying this remedy. First of all, the passage of the ear is to be carefully cleansed by gently syringing it with warm water, and the moisture removed by means of a porte-sponge. The parts are now to be so clearly displayed by the aid of a powerful gas-reflector, that the necessary manipulations may be readily and accurately accomplished, when I take a small piece of dry cotton—the size of which varies according to the circumstances of the case—and adjust it by gently pressing down every part of it upon the surface from which the discharge proceeds, exactly as if dressing an ulcer on any other surface of the body; this done, quiet is enjoined, restricting, as much as possible, every movement of the jaw, such, for instance, as takes place in eating and speaking. Twenty-four hours afterwards I remove this, and apply another dressing of the cotton. The importance of restricting the patient from moving the jaws will be at once manifest, if the reader will take the trouble to place the point of a finger in the passage of the ear, and read aloud the present paragraph. It will then be perceived how easily the cotton, however accurately adjusted, may be loosened and moved from its state of exact apposition. In eating, this detachment takes place still more readily, yet the patient cannot be debarred all use of the jaw, seeing he must have food; nor, if great care be taken to keep the jaws in a state of motionless apposition, need speech be altogether interdicted; but for the same reason the food should be such as to require no mastication.

The successful treatment of external otorrhœa by the same simple means has been hitherto no less rapid than certain. Moreover, in nearly every case, relief of the deafness has accompanied the cessation of the discharge—a result the reverse of that which follows, almost invariably, the treatment of external otorrhœa by astringent injections. The arrest of the discharge may, indeed, by such means, be accomplished in many instances without any great difficulty; but when that has been effected, we have no great reason to rejoice at a cure that has been produced at the expense of the patient's hearing.—*London Lancet*.

Rupture of the Recto-Vaginal Septum during Labor.—By M. JULES CLOQUET.—Professor Paul Dubois and M. Cloquet attended a young lady with her first child. The period of gestation was uninterrupted by any accident; but the labor was long and difficult. The head of the child remained quite a long time engaged in the pelvic cavity, and finally caused rupture of the recto-vaginal septum. The rupture took place about three centimetres above the fourchette. The opening between the rectum and vagina was longitudinal and easily admitted the extremity of the finger. At a proper time after the accouchement, M. Dubois touched several times, and at intervals of a few days, the edges of the divided portion of the septum, with the actual cautery; the borders of the rupture became gradually approximated by the formation of the fibrous tissue of cicatrization; (*tissu modulaire*); finally the opening became wholly and firmly closed and the patient was freed from her disgusting infirmity.—*Gazette Medicale de Paris*, May, 1855.